

# STORAGE FACILITY:

Was there a permit or registration for the facility from the Office of the State Fire Marshal? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
If "Yes", complete the following: Name of Permit/Registration Holder: Address of Permit/Registration Holder:  Permit Number: Date Permit/Registration was issued: <b>Include a copy of the Permit or Registration with this application!</b>		
Was any part of the piping from the tank underground? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>		
If "Yes", complete the following:		
Piping was: <input type="checkbox"/> Single Wall <input type="checkbox"/> Double Wall	Piping was constructed of: <input type="checkbox"/> Galvanized Steel <input type="checkbox"/> Cathodically Protected Steel <input type="checkbox"/> Flexible, non-metallic <input type="checkbox"/> Fiberglass <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):	Method of Leak Detection: <input type="checkbox"/> None <input type="checkbox"/> Daily Inventory with Monthly reconciliation plus annual Statistical Inventory Analysis (SIA) <input type="checkbox"/> Other (specify):

# DISCHARGE: (includes, but is not limited to Spills, Leaks, Discharges, and releases of a product.)

Date Discharge Occurred or Was Discovered:	
Date DEP Was Notified:	
DEP Responder's Name:	Telephone:
Product Discharged: (Product means the liquid stored in the tank)	Amount Discharged (if known):
Describe How the Discharge Occurred:	
Describe the Cleanup Actions:	
Amount of coverage requested: (Submit documentation of costs with this application) \$ <input type="checkbox"/> Costs were handled by DEP	

# Applicant's Signature

<b>By signing this document, the applicant:</b> Certifies that he/she/they own/operate the facility, Certifies that the information contained in the application is accurate, Agrees to pay the deductible amount assigned, and Agrees to permit access to all properties and buildings under the control of the applicant, for the purpose of conducting inspections and reviewing records. <b>Acknowledges that he/she/they understand that falsification of information contained in this document shall constitute grounds for denial and that pursuant to 38 M. R. S. A. section 349.3 and/or 17-A M. R. S. A. Section 453, falsification of information contained in this document may be punishable by fines, imprisonment, or both.</b>		
Applicant's Name (printed or typed)	Applicant's Signature	Date of Application

# WAIVER OF DEDUCTIBLE

An applicant who is unable to pay the deductible may contact Maine Department of Environmental Protection to request a Waiver of Deductible. The Maine Department of Environmental Protection will inform the applicant what documentation is required to determine the applicant's eligibility for a Waiver of Deductible.